

***Workforce Investment Act (WIA) Title 1B***  
***Adult and Dislocated Worker Programs***  
***Guide to Participant Case File Documentation***

***Department of Workforce Development***  
***Division of Workforce Solutions***  
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## WIA Adult/Dislocated Worker Participant Case File Documentation

The Automated System Support for Employment and Training (ASSET) system is Wisconsin's WIA Title 1, Title 3 and Trade Adjustment Assistance (TAA) reporting system. To the extent possible, case managers should use ASSET to its fullest extent as both a reporting and a case management tool. The need for locally retained documents that cannot be reproduced or easily entered in to the system will never be completely removed. However, to reduce duplicate reporting, minimize local storage requirements, facilitate staff file reviews, and validate participant data, there are a number of items that can, and should be reported in ASSET.

Note: A revised ASSET WIA Registration form that will include a statement attesting that the information on the registration form is factual and will require the participant's signature will be available in March 2005. Where other types of verification are not available, this signed and dated WIA registration form may be used. Other written statements (such as the local application form) signed and dated by the applicant may also be acceptable.

\* Data elements subject to data validation.

Participation Requirement/ Data Element Validation	Acceptable Documentation/Verification
Local Application Form	<ul style="list-style-type: none"><li>Signed and dated local application form</li></ul>
Program Registration Registration Date*	<ul style="list-style-type: none"><li>Signed and dated local application form</li><li>Signed and dated WIA registration form</li></ul>
Participant Rights/Complaints	<ul style="list-style-type: none"><li>WDB issued statement explaining participant's rights and responsibilities in the program and processes for filing complaint and grievances</li><li>Evidence that participant has been provided a copy of their rights in the program and the procedure for complaints</li></ul>
Release of Info Authorization	<ul style="list-style-type: none"><li>Statement authorizing release of a participant's personal information to other providers on a need to know basis</li><li>Statement to be signed and dated by participant and participant provided a copy, copy retained in case file</li></ul> <p>This need not be a stand-alone document – may be combined with other forms in use (e.g., local application form)</p>

Participation Requirement/ Data Element Validation	Acceptable Documentation/Verification
Individual with a disability*	<ul style="list-style-type: none"> <li>• Letter from Drug or Alcohol Rehabilitation Agency</li> <li>• Medical records</li> <li>• Observable condition</li> <li>• Physician, Psychiatrist or Psychologist diagnosis/statement</li> <li>• Rehabilitation evaluation</li> <li>• School Official statement</li> <li>• Sheltered Workshop certification</li> <li>• Social Security Administration Disability records</li> <li>• Social Service records/referral</li> <li>• Veterans Administration letter/records</li> <li>• Vocational Rehabilitation letter/statement</li> <li>• Worker's Compensation records/statement</li> <li>• Applicant statement</li> </ul>
Veteran Status*	<ul style="list-style-type: none"> <li>• DD-214 form (separation/discharge papers)</li> <li>• Other military documents</li> </ul>
Employment Status at Registration* (adults)	<ul style="list-style-type: none"> <li>• Pay stub showing current employment</li> <li>• Pay stub showing last date of employment if not employed at registration</li> <li>• Case notes</li> <li>• Signed and dated local application form</li> <li>• Signed and dated WIA registration form</li> </ul>
UC Claimant* (dislocated workers)	<ul style="list-style-type: none"> <li>• Unemployment Insurance records</li> <li>• Roster (ROST) screen printout from UI Profiling, if referred by Worker Profiling and Reemployment Services (WPRS)</li> <li>• Documentation of information from Case Manager's Desktop Resource (CMDR)</li> </ul>

Participation Requirement/ Data Element Validation	Acceptable Documentation/Verification
Low Income* (adults)	<ul style="list-style-type: none"> <li>• Accountant statement</li> <li>• Alimony agreement</li> <li>• Award letter from Veterans Administration</li> <li>• Bank statements (Direct Deposit)</li> <li>• Court Award Letter/Decree of Court</li> <li>• Employer statement or telephone verification</li> <li>• Farm or business financial records</li> <li>• Pay stubs</li> <li>• Pension statement</li> <li>• Quarterly Estimated Tax for Self-employed Persons (Schedule C)</li> <li>• Social Security Benefits records</li> <li>• Unemployment Insurance documents</li> <li>• Lease or landlord statement</li> <li>• Most recent tax return supported by IRS documents</li> <li>• Notice of eligibility and benefits from public assistance agency</li> <li>• Applicant statement</li> </ul>
Temporary Assistance for Needy Families (TANF)*	<ul style="list-style-type: none"> <li>• Notice of eligibility and benefits from public assistance agency</li> <li>• Copy of check</li> <li>• Signed statement or telephone verification from Human Services Agency</li> <li>• Documentation of information from CMDR</li> </ul>
Recipient of Cash Assistance* (GA, RCA, SSI-SSA Title XVI)	<ul style="list-style-type: none"> <li>• Notice of eligibility and benefits from public assistance agency</li> <li>• Copy of check</li> <li>• Signed statement or telephone verification from Human Services Agency</li> <li>• Documentation of information from CMDR</li> </ul>
Date of Qualifying Dislocation* (dislocated workers)	<ul style="list-style-type: none"> <li>• Verification from employer</li> <li>• Notice of lay-off</li> <li>• Rapid Response List</li> <li>• Public announcement</li> <li>• Self-attestation</li> </ul>

Participation Requirement/ Data Element Validation	Acceptable Documentation/Verification
Assessment	<p>Documentation of assessments performed must be maintained in the case file and the results of assessments reported in ASSET. Documentation may be from an authorized 3<sup>rd</sup> party (e.g., DVR, other vocational assessments, etc.). Assessment elements include:</p> <ol style="list-style-type: none"> <li>1. Work History (work history obtained by interview; participant attestation)</li> <li>2. Education (participant attestation, diplomas, school transcripts, etc.)</li> <li>3. Basic Skills (results of basic skills assessments)</li> <li>4. Occupational Skills (skill assessments, work and life experience, training certificates, educational records, participant attestation)</li> <li>5. Interests (participant attestation, formal occupational interest assessment)</li> <li>6. Aptitudes (work and life experience, educational records, formal occupational aptitude assessment)</li> <li>7. Aptitudes and Interests for Nontraditional Occupation (work and life experience, educational records, formal occupational aptitude assessment)</li> <li>8. Employment Barriers (formal or informal assessment, participant self-identification)</li> <li>9. Financial Resources and Needs (statement of income and expenses, records of public assistance)</li> <li>10. Supportive Service Needs (formal or informal assessment, participant self-identification, statement of income and expenses)</li> </ol>

Participation Requirement/ Data Element Validation	Acceptable Documentation/Verification
Individual Employment Plan (IEP)	<p>An Employability Plan developed for WIA or another program. The ASSET Employability Plan or a locally developed format is acceptable. However, any format used must include the following required elements:</p> <ol style="list-style-type: none"> <li>1. based on the results of assessment (the IEP should include activities and services to address issues identified by the assessment)</li> <li>2. jointly developed by the program case manager and the participant (statement or other evidence that IEP was jointly development and agreed to by the participant and the case manager)</li> <li>3. jointly signed and dated by case manager and participant</li> <li>4. participant's employment goals (primary and secondary employment goals) are identified</li> <li>5. appropriate achievement objectives (interim objectives and planned outcomes including who , what, when, where and how) are identified</li> <li>6. appropriate combination of services to achieve the employment goals (service strategy identifies activities, planned and actual begin and end dates, service provider; services identified in IEP are the same as those recorded and tracked in ASSET)</li> <li>7. regularly updated (updates are documented as required by local policy or as warranted by the participant's circumstances at intervals determined by local policy or as needed)</li> </ol>
NTO Orientation	<p>Evidence that participant has received information or materials orienting them to non-traditional occupations (what they are and how to access).</p> <ul style="list-style-type: none"> <li>• Statement from participant that they received this orientation</li> <li>• Evidence of attendance at group orientation activities</li> <li>• Attestation by case manager that this orientation was provided (<i>ASSET - Manage Programs</i>)</li> </ul>
Case Notes	<p>Entries made at regular intervals during customer's participation documenting contacts, events, services, etc</p> <ul style="list-style-type: none"> <li>• Case notes in ASSET</li> </ul>
PELL/Other Financial Aid	<p>Evidence that participant has applied for financial aid.</p> <ul style="list-style-type: none"> <li>• Copy of documents from educational institution (may indicate eligibility for or denial of aid)</li> </ul>

Service Eligibility/ Data Element Validation	Acceptable Documentation/verification
Intensive Services	<p>An actual begin date for an intensive service is entered in ASSET.</p> <ul style="list-style-type: none"> <li>• An IEP has been developed for this participant (IEP present in case file or ASSET); and</li> <li>• Documentation that the individual has received one core service (reported ASSET service; case notes); and</li> <li>• the need for intensive services supported by and documented in the case record as follows: <ol style="list-style-type: none"> <li>1. need is established by the initial assessment or the individual's inability to obtain employment through core services provided (assessment documents, case notes)</li> <li>2. Individual is in a "priority of service" category, if any, as established by the local WDB (supporting documents, e.g., proof of low income status, in case file)</li> </ol> </li> </ul>
Intensive Service Date*	<ul style="list-style-type: none"> <li>• Signed and dated IEP</li> <li>• Vendor documentation</li> <li>• Case notes</li> <li>• Documents verifying activities (attendance sheets, vouchers, etc.)</li> </ul>

Service Eligibility/ Data Element Validation	Acceptable Documentation/verification
Training Services*	<p>Eligibility for training is documented by:</p> <ul style="list-style-type: none"> <li>• An IEP has been developed for this participant (IEP present in case file or ASSET); and</li> <li>• The individual has received at least one core service and at least one intensive service (reported ASSET service; case notes); and</li> <li>• Eligibility and the need for training services is supported by and documented in the case record and meets the following criteria: <ol style="list-style-type: none"> <li>1. Is in a “priority of service” category, if any, as established by WDB</li> <li>2. Participant has been determined to be unable to obtain or retain employment through intensive services (documented in case notes)</li> <li>3. Participant has been determined to be in need of training services (through interview, case management, evaluation or assessment and as documented in case notes)</li> <li>4. Participant has been determined to have the skills and qualifications to successfully complete the training program services (through interview, case management, evaluation or assessment and as documented in case notes)</li> <li>5. Participant has selected a program of training directly linked to the employment opportunities (demand occupations) in the local area or another area in which the individual is willing to relocate (case file documents process of determining link to employment opportunities)</li> <li>6. Participant has been determined to be unable to obtain grant assistance from other sources to pay the cost of training or requires WIA assistance in addition to other grant sources (copy of documents from educational institution indicating participant application for aid (may indicate eligibility for or denial of aid)).</li> </ol> </li> </ul>
Training Service Date*	<ul style="list-style-type: none"> <li>• Signed and dated IEP</li> <li>• Vendor training documentation</li> <li>• Case notes</li> <li>• Documents verifying activities (attendance sheets, vouchers, etc.)</li> </ul>



<b>Services/ Data Element Validation</b>	<b>Acceptable Documentation/verification</b>
Establish ITA*	<ul style="list-style-type: none"> <li>• Case notes</li> <li>• ITA voucher</li> </ul>
<p>Reported Services</p> <p>Received basic skills service*</p> <p>Received skills training*</p>	<p>In addition to reporting beginning and end dates of services in ASSET, participation in program activities must be documented by:</p> <ul style="list-style-type: none"> <li>• Remarks in ASSET “Comments” fields and in case notes. Reference should be made to start and end dates, progress made, issues encountered and outcomes related to services provided</li> <li>• Payment vouchers, time sheets, mileage records, receipts, etc.</li> <li>• Vendor documentation</li> </ul>
<p>Intensive Service Date*</p> <p>Training Service Date*</p>	<ul style="list-style-type: none"> <li>• Vendor documentation</li> <li>• Case notes</li> <li>• Payment vouchers, time sheets, etc.</li> <li>• Training contracts</li> <li>• ITA voucher</li> </ul>
Training Plan – Work Experience or OJT*	<ul style="list-style-type: none"> <li>• Written training plan that complies with requirements in the DWS Workforce Programs Guide, Assurances and Certifications, Worksite Agreements</li> <li>• Training plan is signed and dated by participant, employer and authorized representative of WDB or WIA service provider</li> </ul>
Worksite Agreement – Work Experience or OJT*	<ul style="list-style-type: none"> <li>• Written worksite agreement that complies with requirements in the DWS Workforce Programs Guide, Assurances and Certifications, Worksite Agreements</li> <li>• Worksite agreement is signed and dated by participant, employer and authorized representative of WDB or WIA service provider</li> </ul>

Program Completion/ Data Element Validation	Acceptable Documentation/verification
Program Exit Exit Date*	<ul style="list-style-type: none"> <li>• Case notes documenting exit and reason for exit</li> <li>• If exited to employment, employer and employment information</li> </ul>
Other Exit*	<p>Specific documentation if exit reason is death, health/medical, incarceration/institutionalization, or military reservist called to active duty</p> <ul style="list-style-type: none"> <li>• Doctor's records</li> <li>• Hospital records</li> <li>• Verification from criminal justice system/court records</li> <li>• Signed and dated applicant statement</li> <li>• Case notes</li> </ul>
Training Related Employment*	<ul style="list-style-type: none"> <li>• Employer contact (phone, mail, e-mail)</li> <li>• Comparison between occupational training and placement occupation</li> </ul>
Degree Type*	<ul style="list-style-type: none"> <li>• Case notes</li> <li>• Diploma, certificate, transcript</li> <li>• Survey</li> </ul>
Follow Up Services	<ul style="list-style-type: none"> <li>• Copies of follow up letters, materials etc.</li> <li>• Case notes</li> <li>• Reported in ASSET under Manage Follow-ups (comments)</li> </ul>
Supplemental Data	<ul style="list-style-type: none"> <li>• Survey or telephone response from participant or employer accompanied by written document such as W-2, pay stub(s), or 1099 covering the pertinent performance period(s). Written documentation may be in the form of e-mail, letter, or fax, provided the communication includes the employer's name, contact number, and name/title of the individual confirming the participant's employer. Wage amounts are NOT required for supplemental data.</li> <li>• For self-employed individuals: written verification from major clients Wisconsin State Tax Form PRA-012 (Premier Resort Area Tax Return) Wisconsin State Tax Form ST-12 (Sales and Use Tax Return) IRS Form 1040, Schedule C (Profit or Loss from Business) IRS Form 1040, Schedule E (Supplemental Income and Loss) IRS Form 1099-B (Proceeds from Broker &amp; Barter Exchange Transactions)</li> <li>• Other forms of verification may be acceptable. Contact DWS staff, when in doubt.</li> </ul>